FORM APPROVED
OMB NO. 0960-0511

Social Security Administration Disability Update Report Information and Completion Instructions

Why We Are Writing To You Now

The Social Security Administration must regularly review the cases of people getting disability benefits to make sure they are still disabled under our rules. It is time for us to review this case. Enclosed is a **Disability Update Report** for you to answer to update us about you (or the person for whom you are the representative payee), your health and medical conditions, any recent work activity, or any recent training.

What To Do First

Please read the following information, **and** the instructions for completing the report form, **before** you answer the questions.

When to Respond

Please complete the report and then sign the form digitally within 30 days of receiving the mailed Disability Update Report. To provide your digital signature, you will need to provide an email address. You will receive an email from echosign@echosign.com asking you to confirm your digital signature. If you do not receive the confirmation email within a few minutes of submitting your email address, please check your email Junk folder in case the confirmation was delivered there instead of your inbox. **YOUR SIGNATURE IS NOT COMPLETE AND YOUR APPLICATION WILL NOT BE PROCESSED UNTIL YOU COMPLETE THE INSTRUCTIONS IN YOUR EMAIL**. If you have questions, call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.

What We Do With Your Answers

We consider the information you give us together with the information in your claim record to decide if we need to do a full medical review. After we receive the completed report, we will notify you whether or not we need to do a full medical review.

If You Need Help To Answer The Report

It is important that information you give us is accurate. We have tried to make report questions easy to understand and answer. But, if you find that you do not understand a question or questions, please contact us, your authorized representative, a social service agency, your doctor or clinic, or some other person you trust.

If You Need To Contact Us

If you need to contact us, please call us toll-free at **1-800-772-1213** or TTY for the hearing impaired at **1-800-325-0778**. We can answer most questions over the telephone. If you prefer to visit or call one of our offices, please use the 800 number to get the local office address and telephone number. Please have the Disability Update Report with you if you call or visit an office. It will help us answer your questions. Also, if you plan to visit an office, you should call ahead to make an appointment. This will help us serve you.

We May Need To Contact You

Sometimes, we may need more information from you. If so, we will try to call you. If you do not have a telephone, please give us a number where we can leave a message for you. Please print the telephone number in the section provided on the back of the report form.

If We Don't Hear From You

If you do not complete and return the report promptly, or tell us why you cannot respond, we may stop sending payments to you. If it is necessary to stop your payments, we will send you another letter telling you what we plan to do.

If We Do A Full Medical Review

If we decide to do a full medical review of your case, you can give us any information which you believe shows that you are still disabled, such as medical reports and letters from your doctors about your health. Then, we look at all your information in your case, including the new information you give us, and decide whether you continue to be disabled under our rules.

Appeals And Continued Benefits

When we review your case, we may find that you are no longer disabled under our rules, and your payments may stop. If your payments stop, you can appeal our decision or you can ask us to continue to make payments while you appeal.

If You Want To Work

Do you want to work, but worry about losing your payments or Medicare before you can support yourself? We want to help you go to work when you are ready. But, work and earnings **may** affect your benefits. Your local Social Security office can tell you more about work incentives, and how work and earnings can affect your benefits.

The Privacy And Paperwork Reduction Acts

Privacy Act Statement Collection and Use of Personal Information - Sections 205(a), 221(i), 223(d), 1614(a)(4), 1631(e)(l), and 1633(a) and (c) of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from making an accurate and timely decision on any claim filed.

We will use the information to make a determination of continued eligibility for benefits. We may also share your information for the following purposes, called routine uses:

1. To private medical and vocational consultants for use in making preparation for, or evaluating the results of, consultative medical examinations or vocational assessments which they were engaged to perform by the Social Security Administration (SSA) or a State agency acting in accord with sections 221 or 1633 of the Act; and

2. To contractors and other Federal agencies, as necessary, for the purpose of assisting SSA in the efficient administration of its programs. We contemplate disclosing information under this routine use only in situations in which SSA may enter a contractual agreement with a third party to assist in accomplishing an agency function relating to this system of records.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0089, entitled Claims Folders Systems. Additional information and a full listing of all our SORNs are available on our website at www.socialsecurity.gov/foia/bluebook.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (0MB) control number. The 0MB control number for this collection is 0960-0511. We estimate that it will take 15 minutes to read the instructions, gather the facts, and answer the questions. ***Send only comments relating to our time estimate above to:*** *SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.*

HOW TO FILL OUT THE REPORT FORM

QUESTION 1.a. -Have You Worked?

If you have not worked within the last 2 years, mark "NO", and go on to question 2. If you have worked, mark "YES", and answer question 1.b.

QUESTION 1.b. -When You Worked And Your Monthly Earnings

Describe your most recent work activity first. Enter the months and years you began and ended working in the boxes under "Work Began" and "Work Ended." **If you are working now**, enter the current month and year in the first set of boxes under "Work Ended." Enter your gross monthly earnings for the periods you worked in the boxes.

QUESTION 2-School Or Work Training

Mark "YES" if you have attended school and/or a training program within the last 2 years; otherwise, mark "NO". This could include high school equivalency programs, college courses, vocational evaluation or retraining programs, but generally would not include group therapy or hobbies. **Mark only 1 box.**

QUESTION 3-Can You Work?

Tell us if you have discussed with your doctor whether you can return to any kind of work, and if so, whether the doctor told you that you can return to work, even if the work permitted is less physically demanding and/or less stressful than your usual work. **Mark only 1 box**.

QUESTION 4 How Is Your Health?

We want to know how your overall health now compares to what it was 2 years ago. You may feel that your health has gotten worse, has improved, or you may feel that your health is about the same and has not gotten better or worse. **Mark only 1 box.**

QUESTION 5- Treatment By A Doctor Or Clinic

A "doctor or clinic" can include treatment such as evaluations, checkups, counseling, providing prescriptions or medicine by a doctor, visiting nurse, family health center, psychologist, licensed counseling service, physical therapist, a chiropractor or other licensed health provider. Treatment may be provided in person or by telephone or other contact.

How To Answer Question 5.a.

If you have not been treated by a doctor or clinic within the last 2 years, mark "NO", and go on to question 6. If you have gone to a doctor or clinic within the last 2 years, mark "YES", and answer question 5.b.

Question 5.b.- Reason For The Visit

Please start with the most recent visit and then work backwards in time. Enter as much information as will fit. Try to use the most important or key word(s), such as **ARTHRITIS** or **BAD BACK,** or **HYPERTENSION** or **HIGH BLOOD**. Your medical bills or doctor can provide a short, accurate description.

Date of Visit Enter the month and year you were treated. For example, enter September 10, 2003, as 09/03.

QUESTION 6.a - Have You Been Hospitalized Or Had Surgery?

Mark "NO" if you have not been hospitalized or not had surgery within the last 2 years. If you have been hospitalized or had surgery within the last 2 years, then mark "YES" and answer question 6.b.

Question 6.b. - Reason For Treatment

Please report your most recent treatment first and then work backwards in time. Try to provide the most important information. Your medical bills or doctor can provide short, accurate words.

Date of Treatment

Enter the month and year you were hospitalized or had surgery.
If you were hospitalized more than one month, enter last month you were hospitalized.

Remarks Section

If you need more room to answer questions 1.b., 5.b. and/or 6.b., or there are any other facts or statements you want us to consider, select the checkbox and enter the information in this section.

Signature, Date and Telephone Sections

Please complete and digitally sign the report form by typing your name as you usually sign your name. Please provide a telephone number where you can be reached during the day. To provide your digital signature, you will need to provide an email address. You will receive an email from echosign@echosign.com asking you to confirm your digital signature. If you do not receive the confirmation email within a few minutes of submitting your email address, please check your email Junk folder in case the confirmation was delivered there instead of your inbox. **YOUR SIGNATURE IS NOT COMPLETE AND YOUR APPLICATION WILL NOT BE PROCESSED UNTIL YOU COMPLETE THE INSTRUCTIONS IN YOUR EMAIL.**

Disability Update Report

Social Security Administration

FORM APPROVED
OMB NO. 0960-0511

BENEFICIARY'S NAME AND ADDRESS

Renee Fluor E. Apelo
Name

140 Mirror Ct.
Street Address

Patterson	CA	95363
City	State	Zip Code

REPORT PERIOD
Last 2 years to Present

TELEPHONE NUMBER	SOCIAL SECURITY NUMBER
4089669099	********

PAYEE'S NAME AND ADDRESS (if different from above)

Flora Tarcila E. Apelo
Name

140 Mirror Ct.
Street Address

Patterson	CA	95363
City	State	Zip Code

Please be sure to **read the instructions** before completing the form. Finally, remember that when answering the questions, **we need information about you from the last 2 years to the present**. If you have any questions, call 1-800-772-1213 or TTY for the hearing impaired at 1-800-325-0778.

1. a. In the last 2 years, have you worked for someone or been self-employed? → YES ☐ NO ☒

b. If you answered "YES" to 1.a., please complete the information below.

		WORK BEGAN Month/Year (mm/yy)	WORK ENDED Month/Year (mm/yy)	MONTHLY EARNINGS Dollars Only, No Cents
Most Recent Work	1.			$
	2.			$
	3.			$

2. In the last 2 years, have you attended any school or work training program(s)? YES ☒ NO ☐

3. In the last 2 years to present ...(Please select only one box):

☒ my doctor and I have not discussed whether I can work.
☐ my doctor told me I cannot work.
☐ my doctor told me I can work.

4. Place select only one box which best describes your health now as compared to the last 2 years.

☐ BETTER ☒ SAME ☐ WORSE

FOR SSA USE ONLY	
AC?	

5. a. Have you gone to a doctor or clinic for treatment (including evaluations, checkups, counseling, prescriptions, or medicine) in the last 2 years? → YES [X] NO [ ]

b. If you answered "YES" to 5.a., please list:

		Reason For Visit:	Month/Year (mm/yy)
Most Recent Visit	1.	Pls see Remarks.	09/23
	2.		
	3.		

6. a. Have you been hospitalized or had surgery in the last 2 years? → YES [ ] NO [X]

b. If you answered "YES" to 6.a., please list:

		Reason For Hospitalization or Surgery:	Month/Year (mm/yy)
Most Recent	1.		
	2.		
	3.		

REMARKS: If you use this space to further answer questions 1. through 6., select the box to the right and type on the space below. [✔]

2. Since Aug 2023, I was attending partial load classes for an Associate Degree in Graphic Design at Mission College in Santa Clara. (2 course subjects per semester)
5.a. Routine adult health check up

ATTACH FILES: If you have additional information, please feel free to attach.

Only attach PNG, JPG, JPEG, GIF, BMP, PDF, DOC, DOCX, WP, TXT, RTF, HTM, or HTML file types. Attachments are limited to 5 MB and 25 Pages

Click to attach file

Click to attach a file.

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

SIGN HERE	TELEPHONE NUMBER *(include Area Code)*
RENEE APELO RENEE APELO (Aug 14, 2025 12:21:11 GMT+8)	4089669099

After completing the form, click on the "Click to Sign" button at the bottom of the form to complete the digital signature process. You will need to provide an email address. You will receive an email from echosign@echosign.com asking you to confirm your digital signature. **YOUR SIGNATURE IS NOT COMPLETE AND YOUR APPLICATION WILL NOT BE PROCESSED UNTIL YOU COMPLETE THE INSTRUCTIONS IN YOUR EMAIL.**